

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers (Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and transfer event, within 72 hours after death.

VR A15 (4)
30M REV. 1-64

MARYLAND STATE DEPARTMENT OF HEALTH										
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201										
CERTIFICATE OF DEATH										
1. DECEASED-NAME (Type or print)			First Middle Last			2a. DATE OF DEATH		2b. HOUR		
Edward Frank Cleverger						October 14 1968		6:33 M		
3. SEX		4. RACE		5. DATE OF BIRTH		6. AGE (In years lost birthday)		IF UNDER 1 YEAR		
Male		White		Feb. 1, 1884		84 YRS.		MONTHS DAYS HOURS MIN.		
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH		Md.		
Maryland		USA				Queen Anne				
10. CITY OR TOWN OF DEATH			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)		12b. KIND OF BUSINESS OR INDUSTRY		
Grasonville			xx			Waterman		xx		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE			13b. COUNTY		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER	
Maryland			Queen Anne		Grasonville		YES		xx	
14. FATHER'S NAME			15. MOTHER'S MAIDEN NAME							
John Cleverger			Katie Warner							
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or (unknown)			16b. SOCIAL SECURITY NO.		17. INFORMANT Address					
No			220-32-0677		Mrs. Leola Cleverger--Grasonville, Maryland					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)									APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Congestive Heart Failure									2 months	
4129 CONDITIONS, if any, which gave rise to immediate cause (a), stating the underlying cause last.									REMOTE	
(b) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE										
(c) DUE TO, OR AS A CONSEQUENCE OF										
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c)										
4221 PULMONARY EMPHYSEMA										
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)						
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.		City or Town		County State		
22a. I certify that (I) (this hospital) attended the deceased from 12:00, 1966, to 10-14, 1968, that (I) (we) last saw the deceased alive on 10-14, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.										
22b. SIGNATURE						DEGREE ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22c. DATE SIGNED		
Ralph E. Libby								10-16-68		
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS								
Ralph E. Libby		Grasonville, Maryland								
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City or Town) (County) (State)				
Burial		Oct. 16		Woodlawn Memorial		Easton, Maryland				
24. FUNERAL DIRECTOR				ADDRESS		25a. REGD. BY REGISTRAR		25b. REGISTRAR'S SIGNATURE		
Edgar L. Lane				Church Hill, Maryland		OCT 21 1968		Charles Judge		

1953

1177

INTERDISC: GROSS CARDIOVASCULAR DISEASE REMOTE
ACUTE CORONARY HEART FAILURE 3 weeks

PULMONARY EMPHYSEMA

[Signature]

10-16-58
10-16-58

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be completed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH																	
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201																	
CERTIFICATE OF DEATH																	
1. DECEASED-NAME (Type or print)			First Clara			Middle C.			Last Corson			2a. DATE OF DEATH Month October Day 19 Year 1968			2b. HOUR 11:35 AM		
3. SEX Female			4. RACE White			5. DATE OF BIRTH January 29, 1871			6. AGE (In years last birthday) 97 YRS.			IF UNDER 1 YEAR MONTHS 0 DAYS 0			IF UNDER 24 HRS HOURS 0 MIN 0		
7a. BIRTHPLACE (State or foreign country) Md.			7b. CITIZEN OF WHAT COUNTRY? U.S.A.			8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>			9. COUNTY OF DEATH Queen Anne's			Md.					
10. CITY OR TOWN OF DEATH Crumpton			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Housework			12b. KIND OF BUSINESS OR INDUSTRY Home								
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md.			13b. COUNTY Queen Anne's			13c. CITY OR TOWN Crumpton			13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			13e. STREET AND NUMBER -----					
14. FATHER'S NAME First Charles Middle Ware Last Kirby			15. MOTHER'S MAIDEN NAME First Frances Middle Kirby Last Kirby														
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or (unknown) <input checked="" type="checkbox"/> No			16b. SOCIAL SECURITY NO. 214-52-9905			17. INFORMANT Miss, Mildred Corson, Crumpton, Md. 21828			Address								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: 485X IMMEDIATE CAUSE (a) Blood circulatory collapse DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last: (b) Edema of the lungs - DUE TO, OR AS A CONSEQUENCE OF (c) Bronchopneumonia -												APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH one hour - 6 hours - 4 days -					
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 791X old age debility -																	
19a. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?								
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)			21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)											
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>			21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)			21f. LOCATION Street or R.F.D. No. City or Town County State											
22a. I certify that (I) (this hospital) attended the deceased from Oct. 21, 1968 , to Oct. 19, 1968 , that (I) (we) lost saw the deceased alive on Oct. 19, 1968 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.																	
22b. SIGNATURE Geza Koralewski MD DEGREE ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>												22c. DATE SIGNED Oct. 21, 1968					
22d. PHYSICIAN'S NAME (Type) Geza Koralewski, M.D.			22e. ADDRESS Millington, Md. 21651														
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE Oct. 22, 1968			23c. NAME OF CEMETERY OR CREMATORY Crumpton Cemetery.			23d. LOCATION (City or Town) (County) (State) Crumpton, Q.A. Md.								
24. FUNERAL DIRECTOR Edward Fellows & Son,			ADDRESS Millington, Md. 21651			25a. REC'D BY REGISTRAR DATE OCT 23 1968			25b. REGISTRAR'S SIGNATURE Charles Judge								

14220

14220

Date	Location	Remarks
January 20, 1900	Greenwood, N.C.	...
January 21, 1900	Greenwood, N.C.	...
January 22, 1900	Greenwood, N.C.	...
January 23, 1900	Greenwood, N.C.	...
January 24, 1900	Greenwood, N.C.	...
January 25, 1900	Greenwood, N.C.	...
January 26, 1900	Greenwood, N.C.	...
January 27, 1900	Greenwood, N.C.	...
January 28, 1900	Greenwood, N.C.	...
January 29, 1900	Greenwood, N.C.	...
January 30, 1900	Greenwood, N.C.	...
February 1, 1900	Greenwood, N.C.	...
February 2, 1900	Greenwood, N.C.	...
February 3, 1900	Greenwood, N.C.	...
February 4, 1900	Greenwood, N.C.	...
February 5, 1900	Greenwood, N.C.	...
February 6, 1900	Greenwood, N.C.	...
February 7, 1900	Greenwood, N.C.	...
February 8, 1900	Greenwood, N.C.	...
February 9, 1900	Greenwood, N.C.	...
February 10, 1900	Greenwood, N.C.	...
February 11, 1900	Greenwood, N.C.	...
February 12, 1900	Greenwood, N.C.	...
February 13, 1900	Greenwood, N.C.	...
February 14, 1900	Greenwood, N.C.	...
February 15, 1900	Greenwood, N.C.	...
February 16, 1900	Greenwood, N.C.	...
February 17, 1900	Greenwood, N.C.	...
February 18, 1900	Greenwood, N.C.	...
February 19, 1900	Greenwood, N.C.	...
February 20, 1900	Greenwood, N.C.	...
February 21, 1900	Greenwood, N.C.	...
February 22, 1900	Greenwood, N.C.	...
February 23, 1900	Greenwood, N.C.	...
February 24, 1900	Greenwood, N.C.	...
February 25, 1900	Greenwood, N.C.	...
February 26, 1900	Greenwood, N.C.	...
February 27, 1900	Greenwood, N.C.	...
February 28, 1900	Greenwood, N.C.	...

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

14982

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

14991 P.M.

1. DECEASED-NAME (Type or Print) HENRY W. MORTON			2a. DATE KNOWN OF DEATH <input checked="" type="checkbox"/> ESTIMATED <input type="checkbox"/> 10 18 1968			2b. HOUR 2:45		
3. SEX Male	4. RACE White	5. DATE OF BIRTH 7/31/1910	6. AGE (in years last birthday) 58 YRS.	IF UNDER 1 YEAR MONTHS 0 DAYS 0	IF UNDER 24 HRS. HOURS 0 MIN. 0	2c. DATE PRONOUNCED DEAD Month 10 Day 18 Year 1968		
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? U.S.A.		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH QUEEN ANNE'S Md.		
10. CITY OR TOWN OF DEATH QUEENSTOWN			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) RURAL			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) LABORER		12b. KIND OF BUSINESS OR INDUSTRY FARMING
13a. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) Maryland			13b. COUNTY QUEEN ANNE'S			13c. CITY OR TOWN CENTREVILLE		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
14. FATHER'S NAME John H. W. Morton			15. MOTHER'S MAIDEN NAME Georgiana Cole					
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16b. SOCIAL SECURITY NO. 215-38-1230			17. INFORMANT COUSIN ADDRESS George W. Smith, Greensboro, Md.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease 4129 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. 4221 (b) _____ DUE TO, OR AS A CONSEQUENCE OF (c) _____								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH years
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) Chronic obstructive lung disease with bronchitis years								
19a. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21b. TIME OF INJURY Month, Day, Year HOUR A.M. 19 P.M.			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)		
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)			21f. LOCATION Street or R.F.D. No. City or Town County State		
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>								
ACTUAL SIGNATURE C.R. Layton			M.D.			22b. DATE SIGNED 10/21/68		
EXAMINER'S NAME (Type) C.R. Layton, M.D.			CHIEF MEDICAL EXAMINER <input type="checkbox"/>			DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>		
			ADDRESS (Street, city, town, or county) Centreville, Md.					
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL			23b. DATE Oct 22, 1968			23c. NAME OF CEMETERY OR CREMATORY Fairview Church of the Brethren		
						23d. LOCATION (City or Town) (County) (State) Cordova, Talbot, Md.		
24. FUNERAL DIRECTOR Jamie H. Barber Jr. - Barber Bros., Centreville, Md.			ADDRESS			25a. REC'D BY REGISTRAR OCT 25 1968		
						25b. REGISTRAR'S SIGNATURE J. Charles Judge		

1981

1981

1981

1981 2-1-703

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in the space provided. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5)
10M REV. 1/68

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201																
MEDICAL EXAMINER'S CERTIFICATE OF DEATH																
1. DECEASED-NAME (Type or Print)			First WILLIE			Middle TUCKER			Last TUCKER			2a. DATE KNOWN OF DEATH ESTI- MATED <input type="checkbox"/> <input checked="" type="checkbox"/>	Month October	Day 9	Year 1968	2b. HOUR M
3. SEX Male	4. RACE Negro	5. DATE OF BIRTH 5-25-23	6. AGE (In years last birthday) 45 YRS.	IF UNDER 1 YEAR MONTHS 0 DAYS 0		IF UNDER 24 HRS HOURS 0 MIN. 0		2c. DATE PRONOUNCED DEAD Month October Day 9 Year 1968			2d. HOUR 6:40 P.M.					
7a. BIRTHPLACE (State or foreign country) Isle of Wight, Va.			7b. CITIZEN OF WHAT COUNTRY? USA			8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			9. COUNTY OF DEATH QUEEN ANNES Md.							
10. CITY OR TOWN OF DEATH Grasonville			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Kent Narrows			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)			12b. KIND OF BUSINESS OR INDUSTRY							
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Virginia			13b. COUNTY Newport News			13c. CITY OR TOWN Newport News			13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			13e. STREET AND NUMBER 624 1/2 - 21st Street				
14. FATHER'S NAME First Daniel			Middle Tucker			Last Emma			15. MOTHER'S MAIDEN NAME First Emma			Middle Chandler				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes no, or unknown			16b. SOCIAL SECURITY NO. (If yes give war or dates of service) 225-22-5900			17. INFORMANT Novella Jones			ADDRESS Sister Va							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))												APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Found in water presumably accidentally drowned																
DUE TO, OR AS A CONSEQUENCE OF (b) _____																
DUE TO, OR AS A CONSEQUENCE OF (c) _____																
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 9298																
19a. DATE OF OPERATION 9/10/68				19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?								20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH				21b. TIME OF INJURY Month, Day, Year HOUR A.M. ? P.M. ? 19				21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Found in water presumably accidentally drowned								
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) water				21f. LOCATION Street or R.F.D. No. City or Town County State Kent Narrows Grasonville Queen Annes Md.								
22a. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>																
ACTUAL SIGNATURE Charles S. Springate				M.D. Charles S. Springate, M.D.				CHIEF MEDICAL EXAMINER <input type="checkbox"/>				22b. DATE SIGNED October 10, 1968				
EXAMINER'S NAME (Type)								ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/>								
								DEPUTY MEDICAL EXAMINER <input type="checkbox"/>								
								ADDRESS (Street, city, town, or county)								
23a. BURIAL, CREMATION, REMOVAL (Specify) Shipped				23b. DATE 10-13-68				23c. NAME OF CEMETERY OR CREMATORY Hampton Nat Em				23d. LOCATION (City or Town) (County) (State) Hampton Va				
24. FUNERAL DIRECTOR Raehner Sanders				ADDRESS 217 E Preston St				25a. REC'D BY REGISTRAR OCT 14 1968				25b. REGISTRAR'S SIGNATURE J Charles Judge				

14881

SECRET

14881

SECRET

SECRET

SECRET

SECRET

SECRET

SECRET

SECRET

SECRET

SECRET

SECRET

SECRET

SECRET

SECRET